Fresubin® YOCRÈME

Available in four delicious flavours
in 125 g Cup

Nutritional Information

Nutrition values

Flavour Raspberry		per 100 g	cup = 125 g
Energy	kJ (kcal)	630 (150)	788 (188)
Fat	g	4,7	5,9
of which saturates	g	0,6	0,8
of which mono-unsaturates	g	3,2	4
of which polyunsaturates	g	1,0	1,3
Carbohydrate	g	19	24
of which sugars	g	16	20
of which lactose	g	3,1	3,9
Fibre	g	0,4	0,5
Protein	g	7,5	9,4
Salt	g	0,15	0,19
Vitamins			
Vitamin A	µg RE°	150	188
Vitamin D	µg	3,8	4,8
Vitamin E	mg α -TE°°	3,8	4,8
Vitamin K	µg	20	25
Vitamin C	mg	19	24
Thiamin	mg	0,3	0,4
Riboflavin	mg	0,4	0,5
Niacin	mg/mg NE°°°	1,5/2,9	1,9/3,6
Vitamin B_6	mg	0,4	0,5
Folic acid	µg	62,5	78,1
Vitamin B_{12}	µg	0,8	1,0
Biotin	µg	9,4	11,8
Pantothenic acid	mg	1,1	1,4
Minerals, trace elements and other# nutrients			
Sodium	mg	60	75
Potassium	mg	165	206
Chloride	mg	85	106
Calcium	mg	240	300
Phosphorus	mg	95	119
Magnesium	mg	18	23
Iron	mg	2,5	3,1
Zinc	mg	1,7	2,1
Copper	mg	0,4	0,5
Manganese	mg	0,5	0,6
Fluoride	mg	0,2	0,3
Selenium	µg	13	16
Chromium	µg	13	16
Molybdenum	µg	19	24
Iodine	µg	37,5	46,9
Choline#	mg	32	40
Water	ml	64	80

Caloric distribution (kJ%)
Fat 28, carbohydrate 51,5, fibre 0,5, protein 20

° retinol equivalents (RE), °° alpha-tocopherol equivalents (α-TE), °°° niacin equivalents (NE)

General Information

Food for special medical purposes.
For the dietary management in case/risk of malnutrition, esp. with increased energy, protein, calcium and vitamin D needs e.g. frailty including dysphagia. Nutritionally complete, high energy (1,5 kcal/g), high protein spoonable oral nutritional supplement. Meets IDDSI* level 4 (extremely thick). High in calcium and vitamin D, contains lactose, gluten free.

*IDDSI - International Dysphagia Diet Standardisation Initiative, www.iddsi.org

Dosage:
4 cups/day for supplementary nutrition or 8 cups/day for complete nutrition, or as advised by a healthcare professional.

Important notice:
To be used under medical supervision. Suitable as sole source of nutrition. Not suitable for children < 3 years. Use with caution in children < 6 years.

Storage:
At room temperature. Once opened refrigerate and use within 24 hours.

Instructions for use:
Best served chilled. Stir gently.
Packaged in a protective atmosphere.

Additional Considerations:
Not suitable whenever enteral nutrition is not permitted such as in acute gastrointestinal bleeding, ileus and shock. Use with caution in severe organ failure with impaired metabolism and severe forms of malassimilation. Not suitable for patients with congenital inability to metabolise nutrients contained in Fresubin YOCRÈME.

Ingredients

Ingredients (Flavour Raspberry): Water, sucrose, whey protein, fermented skimmed milk powder, vegetable oils (rapeseed oil, sunflower oil), modified starch, acidity regulator (E 270), calcium lactate, thickener (E 440), maltodextrin, emulsifiers (E 471, soya lecithins), flavourings, colour (E 120), choline bitartrate, vitamin C, sodium chloride, ferric diphosphate, zinc sulphate, magnesium oxide, vitamin E, pantothenic acid, manganese chloride, niacin, cupric sulphate, vitamin B_6, thiamin, riboflavin, vitamin A, sodium fluoride, folic acid, chromium chloride, potassium iodide, sodium selenite, vitamin K, biotin, sodium molybdate, vitamin D, vitamin B_{12}

Nutrition information for flavour Raspberry. Detailed nutrition information of the other flavours can be found at www.fresubin.com

Flavours

Apricot-Peach, Biscuit, Lemon, Raspberry

1) Hubbard GP, Elia M, Holdoway A, et al. A systematic review of compliance to oral nutritional supplements. Clin Nutr. 2012;31(3): 293–312. 2) Cawood AL, Elia M, Stratton RJ. Systematic review and meta-analysis of the effects of high protein oral nutritional supplements. Ageing Res Rev. 2012;11(2):278–296. 3) Dent E, Morley JE, Cruz-Jentoft AJ, Woodhouse L, Rodriguez-Manas L, Fried LP, et al. Physical Frailty: ICFSR International Clinical Practice Guidelines for Identification and Management. J Nutr Health Aging. 2019;23(9):771-87. 4) Dent E, Lien C, Lim WS, Wong WC, Wong CH, Ng TP, et al. The Asia-Pacific Clinical Practice Guidelines for the Management of Frailty. J Am Med Dir Assoc. 2017;18(7):564-75. 5) Morley JE, Vellas B, van Kan GA, Anker SD, Bauer JM, Bernabei R, et al. Frailty consensus: a call to action. J Am Med Dir Assoc. 2013;14(6):392-7. 6) Bischoff-Ferrari HA, Willett WC, Orav EJ, et al. A pooled analysis of vitamin D dose requirements for fracture prevention. N Engl J Med. 2012; 367(1): 40– 49. 7) Bischoff-Ferrari HA, Dawson-Hughes B, Staehelin HB, et al. Fall prevention with supplemental and active forms of vitamin D: a meta-analysis of randomised controlled trials. The BMJ. 2009; 339: b3692. 8) Dawson-Hughes B, Mithal A, Bonjour JP, et al. IOF position statement: vitamin D recommendations for older adults. Osteoporos Int. 2010; 21(7): 1151–1154. 9) Tang BM, Eslick GD, Nowson C, Smith C, Bensoussan A. Use of calcium or calcium in combination with vitamin D supplementation to prevent fractures and bone loss in people aged 50 years and older: a meta-analysis. Lancet. 2007; 370(9588): 657–666. 10) Larsen ER, Mosekilde L, Foldspang A. Vitamin D and calcium supplementation prevents osteoporotic fractures in elderly community dwelling residents: a pragmatic population-based 3-year intervention study. J Bone Miner Res. 2004; 19(3): 370–378. 11) IDDSI - International Dysphagia Diet Standardisation Initiative, www.iddsi.org

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